

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

## Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Term Life Insurance	SERFF Tr Num: FDLT-125750978	State: ArkansasLH
TOI: L04G Group Life - Term	SERFF Status: Closed	State Tr Num: 39816
Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium	Co Tr Num: A-01083	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Kelly Humiston, Debbie Oestreich, Teresa Saling, Tara Wilson	Disposition Date: 08/04/2008
	Date Submitted: 07/31/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: Group Term Life Insurance  
 Project Number: A-01083  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: This filing is being  
 submitted simultaneously in our domicile state  
 of Missouri.  
 Market Type: Group  
 Group Market Size: Small and Large  
 Group Market Type:

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 08/04/2008  
 State Status Changed: 08/04/2008  
 Corresponding Filing Tracking Number:  
 Filing Description:

Deemer Date:

RE: Fidelity Security Life Insurance Company  
 NAIC #71870 FEIN #43-0949844  
 Group Term Life Insurance

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

### A-01083 Group Term Life Enrollment Form/Application

We respectfully submit the above referenced form for your review and approval. This form is new and does not replace any like forms previously approved by your State.

This application will be used with M-1058 and C-1058 previously approved by your state on September 11, 2007. This form will be solicited by one-on-one direct sales. The form is marketed without an illustration.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1276) or e-mail me at [tsaling@fslins.com](mailto:tsaling@fslins.com).

## Company and Contact

### Filing Contact Information

Teresa Saling, Supervisor	<a href="mailto:tsaling@fslins.com">tsaling@fslins.com</a>
3130 Broadway	(800) 648-8624 [Phone]
Kansas City, MO 64111-2406	(816) 751-6026[FAX]

### Filing Company Information

Fidelity Security Life Insurance Company	CoCode: 71870	State of Domicile: Missouri
3130 Broadway	Group Code: 451	Company Type: Life & Health
Kansas City, MO 64111-2406	Group Name:	State ID Number:
(800) 648-8624 ext. [Phone]	FEIN Number: 43-0949844	

-----

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		
<b>Per Company:</b>	<b>No</b>		

*SERFF Tracking Number:*      *FDLT-125750978*      *State:*      *Arkansas*  
*Filing Company:*      *Fidelity Security Life Insurance Company*      *State Tracking Number:*      *39816*  
*Company Tracking Number:*      *A-01083*  
*TOI:*      *L04G Group Life - Term*      *Sub-TOI:*      *L04G.103 Renewable - Single Life -*  
                *Fixed/Indeterminate Premium*  
  
*Product Name:*      *Group Term Life Insurance*  
*Project Name/Number:*      *Group Term Life Insurance /A-01083*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	07/31/2008	21718818

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	08/04/2008	08/04/2008

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

## Disposition

Disposition Date: 08/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Form</b>	Enrollment form		Yes

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

## Form Schedule

**Lead Form Number:** A-01083

<b>Review Status</b>	<b>Form Number</b>	<b>Form Type Form Name</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
	A-01083	Application/ Enrollment form Enrollment Form	Initial			A-01083.pdf





# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
Kansas City, Missouri 64111

## Group Term Life Enrollment Form/Application

### Important Notice:

Answer all pertinent parts of all questions completely and accurately since the coverage requested on this form is subject to Company Home Office Approval. This Enrollment Form/Application is the basis of the insurance contract and will become part of any Certificate issued.

### Section A. Employer Information:

Employer Name: \_\_\_\_\_

### Section B. Employee Information:

Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Gender: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security No. \_\_\_\_\_ Employee No. \_\_\_\_\_ Date of Hire \_\_\_\_\_

Occupation \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Hours Worked/Week \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Day Time Phone \_\_\_\_\_ Employee's E-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy) Age Last Birthday \_\_\_\_\_ Place of Birth (State & County) \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

### Section C. Coverage Information: Employee Certificate Specified Face Amount \$ \_\_\_\_\_

Do you work on a full-time basis at the usual place of business? ☐ Yes ☐ No

Do you currently have any other life coverage (personal and business) in force or applied for? ☐ Yes ☐ No

If "Yes" list the total amount: \_\_\_\_\_

Insurance Carrier Name	Date When Issued or Applied For	Amount

### Section D.

1. Do you currently use any form of tobacco or nicotine-based products? ☐ Yes ☐ No

If "No", have you used such products within the last 36 months? ☐ Yes ☐ No

2. Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_

a. Within the past 10 years have you been convicted of DUI or reckless driving? ☐ Yes ☐ No

b. Within the past 3 years have you received two or more moving violations or had your driver's license suspended or revoked? ☐ Yes ☐ No

If "Yes" to either question 2.a or 2.b, please explain \_\_\_\_\_

3. Are you a citizen or permanent resident (green card holder) of the United States? ☐ Yes ☐ No

4. Height \_\_\_\_' \_\_\_\_" Weight \_\_\_\_\_ lbs Weight change in past year : \_\_\_\_\_ lbs ☐ Loss ☐ Gain

5. During the past 2 years, have you  
a. Participated in any hazardous sports or activities, such as motor vehicle or boat racing, skydiving, skin diving or scuba diving? ☐ Yes ☐ No

b. Flown as a pilot, student pilot, or crewmember of any airplane other than on regularly scheduled commercial airline flights? ☐ Yes ☐ No

6. Have any of your immediate family members (parents, brothers or sisters) died from cancer, diabetes or coronary artery disease prior to age 60? ☐ Yes ☐ No

If "Yes", identify family member, disorder, and age at death: \_\_\_\_\_

7. Have you ever been treated for, hospitalized for, or diagnosed by a member of the medical profession as having: ☐ Yes ☐ No

a. Alcoholism, drug addition, drug abuse or other substance abuse? ☐ Yes ☐ No

b. Cancer (except non-melanoma skin cancer), diabetes, cardiovascular disease or coronary artery disease? ☐ Yes ☐ No

If "Yes" to 7.a. or 7.b., please list condition, onset date, duration and names, addresses and phone numbers of all physicians, hospitals and medical facilities below: \_\_\_\_\_

Attach a separate page (signed by Applicant) if additional space is needed.

### AGREEMENT SECTION

I represent that all statements and answers made herein, and/or on any subsequent attachments to this Enrollment Form/Application, are complete and true as of the date I signed this Enrollment Form/Application and any subsequent Enrollment Form/Application addenda and I understand that Fidelity Security Life Insurance Company (FSL) will rely on these statements and this information as the basis for approving this Enrollment Form/Application. I offer them to FSL to induce it to issue Certificate(s) evidencing coverage under the Group Policy and to accept the payment of premiums for such coverage. I agree that: 1) these statements will form a part of the contract of insurance applied for, and that they will be the basis for the issuance of insurance; 2) an agent, enroller, or broker cannot waive a complete answer to any part of this Enrollment Form/Application; and 3) acceptance of any Certificate issued will ratify any correction in or amendment to this Enrollment Form/Application noted by FSL in the spaced headed "For Home Office Use Only". A copy of this Enrollment Form/Application attached to the Certificate will be sufficient notice of the change made. If the laws where this Enrollment Form/Application is completed so require, any change of amount, class of risk, age of issue, plan of insurance or benefit must be ratified in writing. For the purposes of this Enrollment Form/Application, I understand that "Treated" includes receipt of medical services, prescription drugs or therapeutic care due to disease or injury.

In order to evaluate my eligibility for insurance, I authorize: 1) any physician or other medical practitioner, hospital, clinic, insurer, Medical Information Bureau (MIB, Inc.) financial source, employer, government unit, including Social Security Administration and Workers' Compensation Board, or any other organization, institution or person that has records or knowledge of me or my health to give such information to FSL or any consumer reporting agency acting on its behalf. This may include findings on any medical care, psychiatric or psychological care or examination, drug or alcohol use history, disability, surgery, or any serious communicable disease or infection, including sexually transmitted diseases; diagnosis, prognosis and treatment of HIV (Human Immunodeficiency Virus) infection; 2) FSL to obtain a consumer or investigative consumer report about me. I understand that all or part of this information may be sent to MIB, Inc. It may also be used by any of FSL's reinsurers, employees, or contractors who are authorized to participate in handling this insurance transaction. I know that I have a right to get a copy of this form. A photocopy of this form will be as valid as the original. This form will be valid for 24 months from the date shown below, but I may revoke it by giving written notice to FSL.

It is further understood that no insurance will become effective until FSL has approved this Enrollment Form/Application and premium has been received during my lifetime. I will not cancel other coverage (if any) until notified by FSL of acceptance of this Enrollment Form/Application.

I acknowledge that I have received, read and understand the notices required by the MIB, Inc. and the Federal Fair Credit Reporting Act regarding investigative consumers reports. I authorize FSL and/or its reinsurer(s) to release information in my file to other insurance companies to which I may apply for life or health insurance coverage or to which a claim may be submitted.

**{I hereby represent that I have reviewed the fraud warning notice (if applicable) for my state of residence and the Company's "Privacy Practices" notice.}**

Signed at: ► \_\_\_\_\_ (City/State) On: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Employee Signature ► \_\_\_\_\_

Agent's Name (Please Print): ► \_\_\_\_\_

Agent's Signature: ► \_\_\_\_\_ Date: \_\_\_\_\_

**For Home Office Use Only** – Any Home Office corrections and amendments made after the Enrollment Form/Application was signed are shown either in this space or on a separate form requiring signed ratification.

<b>{FRAUD WARNING NOTICE}</b>	
<b>{For residents of all states (except the following:)}</b>	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
<b>{Arkansas}</b>	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
<b>{Colorado}</b>	{It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.}
<b>{District of Columbia}</b>	{Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.}
<b>{Florida}</b>	{Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.}
<b>{Kentucky}</b>	{Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.}
<b>{Louisiana} {West Virginia}</b>	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
<b>{Maine} {Tennessee} {Washington}</b>	{It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
<b>{Maryland}</b>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>{Nebraska}</b>	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
<b>{New Jersey}</b>	{Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.}
<b>{New Mexico}</b>	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.}
<b>{Pennsylvania}</b>	{Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.}
<b>{Virginia}</b>	{Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.}

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

## Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FDLT-125750978</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39816</i>
<i>Company Tracking Number:</i>	<i>A-01083</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Group Term Life Insurance</i>		
<i>Project Name/Number:</i>	<i>Group Term Life Insurance /A-01083</i>		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

07/28/2008

**Comments:**

Please see attached.

**Attachment:**

Readability Certification.pdf

### Review Status:

**Satisfied -Name:** Application

07/28/2008

**Comments:**

Please see form schedule tab.

**FIDELITY SECURITY LIFE INSURANCE COMPANY**

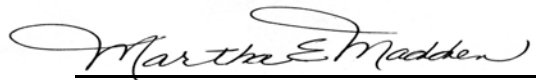
Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) \_\_\_\_\_\* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

\* A-01083

50



Martha E. Madden  
Vice President and General Counsel

July 30, 2008

Date